

1822

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

557

State File No.

Registrar's No.

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location General
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 days In Community 12 days
(Specify whether years, months or days) in Arizona
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma
(If outside city limits also write RURAL)
(d) Street No. Esquina (e) Citizen of foreign country (yes or No) no
If Yes, which country _____
3. (a) FULL NAME Epidora Alcala (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Female 5. Color of Race White 6. (a) Single, married, widowed or divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.
7. Birthdate of deceased April 4 1945
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day
12 hrs. _____ A. min. _____

9. Birthplace Yuma Arizona
(City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business _____

Father { 12. Name Petro Alcala
13. Birthplace Yuma Arizona
(City, town or county) (State or Country)

Mother { 14. Maiden Name Marcela Arana
15. Birthplace Yuma Arizona
(City, town or county) (State or Country)

16. (a) Informant's own signature Marcella Alcala
(b) Address Box 882 Yuma Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma Arizona (c) Date 4/18/45

18. (a) Embalmer's signature Lee Johnson
(b) Funeral Director Johnson Mortuary
(c) Address Yuma Arizona

19. (a) May 5, 1945
(Date received local Registrar)
(b) Mary A. Wupperman
(Registrar's Signature)

20M 100% Rag 8-42 B. Co.

County File No.

Date Received

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 16, 1945
TIME (Hour and minute) 9:30 P.M.

21. I hereby certify that I attended the deceased from April 4, 1945 to April 16, 1945;
that I last saw her alive on April 16, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia - Bronchitis

Due to

Synaptic dyslexia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in

public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature M. D. Alcala M. D.Address Yuma, Az Date signed 4/18/45

DURATION

2 daysbirth

PHYSICIAN

Underline the cause to which death should be charged statistically